

AUTO CR - LOG SUMMARY #1070952

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
IT IS REPORTED THAT THE INVOLVED MEMBER TASERED A PITBULL DOG WHO HAD KILLED ANOTHER DOG.	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	TONER, PAUL J		004 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
12-AUG-2014 02:54 - 12-AUG-2014 02:54		0432	004	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	GLEESON, KYLE R	3809	004 /	POLICE OFFICER	M	WHI		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	29-AUG-2014 03:55	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	29-AUG-2014 03:55	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	13-AUG-2014 10:16	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	13-AUG-2014 08:58	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	12-AUG-2014 06:34	STEWART, DENISE	INTAKE AIDE	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					STEWART, DENISE	12-AUG-2014 06:34			
	DOCUMENTS - INTAKE INCIDENT		2	OFC. K. GLEESON#3809	N	STEWART, DENISE	12-AUG-2014 08:41	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	SERIAL#ZZX3008X0	N	STEWART, DENISE	12-AUG-2014 08:34	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	STEWART, DENISE	12-AUG-2014 08:35	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 12-AUG-2014) - LOG #1070952

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	TONER, PAUL J			004 /	SERGEANT OF POLICE	M	WHI		

Incident Information

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Accused Members

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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	12-AUG-2014 18:34	STEWART, DENISE	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	29-AUG-2014 03:55	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	29-AUG-2014 03:55	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PRELIMINARY	12-AUG-2014 06:34	STEWART, DENISE	INTAKE AIDE	113 /	

EVIDENCE SYNCTM OFFLINE

DEVICE REPORT

ECD Information**Model #:** TASER_ECD_X2**Serial #:** ZZX3008X0**Firmware Version:** FWBundle Rev. 03.033**Device Health:** Good**Offline Report****Date:**

12 Aug 2014 17:19:54

Local Timezone:

Central Standard Time (UTC -5:00)

Event Log

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
08/12/2014 20:10:54	08/12/2014 15:10:54	Trigger	C1: Deployed	3s		31% 31%
08/12/2014 20:21:56	08/12/2014 15:21:56	Trigger	C2: Deployed	5s		31% 31%

CHICAGO POLICE DEPARTMENT

ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11.388(8/03)-C

RD #

Case ID:

EVENT #

INCIDENT	APPROVAL COMPLETE		
	IUCR: 1310 - Criminal Damage - To Property		
	Occurrence Location: 304 - Street	Beat: 0432	Unit Assigned: 0431
	Occurrence Date: 12 August 2014 14:40	RO Arrival Date: 12 August 2014 14:54	# Offenders: 1

NON-OFFENDERS	VICTIM - Individual		
	Name:	Beat: 0432	Demographics
	Res:		Female White Hispanic
	Sobriety: Sober CPD Officer: No		DOB: Age: 41 Years Birth Place: Mexico (State Is Unknown)

SUSPECT(S)	Suspect # 1	
	Name:	OFFENDER(S)-NO DETAILS

RELATIONSHIP	(Victim)	is a Unknown of	OFFENDER(S)-NO DETAILS (Offender)

NARRATIVES	<p>EVENT # IN SUMMARY R/O'S RESPONDED TO A VICIOUS ANIMAL AND WERE MET BY (VICTIM) WHO RELATED THAT A BRINDLE PITBULL JUST KILLED HER DOG. R/O'S OBSERVED VICTIM'S 3 YEAR OLD CHIWAWA DOG ON THE STREET EXPIRED WITH SEVERE BITE MARKS ABOUT THE BODY. R/O'S TOURED THE AREA AND LOCATED THE DESCRIBED PITBULL AT WHERE R/O #3809 DEPLOYED TASER TO SUBDUED THE ANIMAL, ONE TASER PRONG MISSED. THE ANIMAL THEN FLED SOUTHBOUND THROUGH THE ALLEY TO WHERE R/O REDEPLOYED TASER WITH POSITIVE CONTACT, AND R/O'S WERE THEN ABLE TO OBTAIN CONTROL OF THE ANIMAL AND TRANSPORT IT BACK TO WHERE VICTIM IDENTIFIED THE PITBULL AND ANIMAL CONTROL (ELDRIDGE # 316) OBTAINED CONTROL OF THE EXPIRED DOG AND PITBULL. PITBULL HAD A COLLAR BUT NO TAGS. ALL TASER PRONGS RECOVERED. ANIMAL INV# TASER INV#</p> <ul style="list-style-type: none">- STAR#: 3809 NAME: KYLE GLEESON BEAT: 0431- STAR#: 11252 NAME: JOSEPH CARROLL BEAT: 0431- STAR#: 1526 NAME: PAUL TONER BEAT: 0410

Chicago Police Department - Incident Report

RD #: [REDACTED]

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	3809	[REDACTED]	GLEESON, Kyle, R	[REDACTED]	12 Aug 2014 18:04	004	0431

UCR ASSOCS

Victim	IUCR	Crime	Offender
[REDACTED]	1310	Criminal Damage - To Property	OFFENDER(S)-NO DETAILS

MEMBER INVOLVED	1. DATE OF INCIDENT 12-AUG-2014		TIME 15:12:00		2. ADDRESS OF OCCURRENCE			3. LOCATION CODE 303		4. BEAT/OCCUR 0432																		
	5. POSITION 9161		6. LAST NAME GLEESON		7. FIRST NAME KYLE R		8. STAR NO. 3809		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 702		13. WT. 225											
SUBJECT INFORMATION	14. DATE OF APPT. 31-OCT-2012		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 004 0431		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																	
	20. LAST NAME [REDACTED]				21. FIRST NAME [REDACTED]				22. M.I. [REDACTED]		23. SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE [REDACTED]		25. D.O.B. [REDACTED]		26. HT. [REDACTED]		27. WT. [REDACTED]									
	28. ADDRESS [REDACTED]				29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No															
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]				34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																					
REASON FOR USE OF FORCE (Check all that apply)	36. CHARGES PLACED <input checked="" type="checkbox"/> DNA																		37. CB NO. [REDACTED]		IR NO. [REDACTED]		<input checked="" type="checkbox"/> DNA					
	38. SUBJECT'S ACTIONS <input checked="" type="checkbox"/> DNA																											
WEAPON DISCHARGE INCIDENT	39. MEMBER'S RESPONSE (Check all that apply)																											
	40. ADDITIONAL INFORMATION VICIOUS ANIMAL - MALE PITBULL JUST KILLED ANOTHER DOG.																											
CASE INFO.	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER																		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Night <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR					
	45. MAKE/MANUFACTURER [REDACTED]																		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]					
SIGNATURES	49. TASER DART ID NO. [REDACTED]																		50. WEAPON SERIAL No. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]			
	54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]																		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]			
SIGNATURES	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)																		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CATRIDGES/ SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)					
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)																		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
SIGNATURES	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]																		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.									
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)									
SIGNATURES	70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.																											
	71. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.																											
SIGNATURES	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																											
	72. REPORTING MEMBER (Print Name) GLEESON, KYLE R																		STAR/EMPLOYEE NO. 3809		SIGNATURE [REDACTED]							
SIGNATURES	73. REVIEWING SUPERVISOR (Print Name) TONER, PAUL J																		STAR NO. 1526		SIGNATURE [REDACTED]		DATE REVIEWED 12-AUG-2014 18:06:58		TIME [REDACTED]			
	74. REVIEWING SUPERVISOR (Print Name) TONER, PAUL J																		STAR NO. 1526		SIGNATURE [REDACTED]		DATE REVIEWED 12-AUG-2014 18:06:58		TIME [REDACTED]			

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information that is available to me at this time, this R/Lt has determined that the actions of the involved member were necessary to subdue a vicious dog which had destroyed another animal and were within the Department guidelines and in compliance with the Use of Force Model.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1070952 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

MC MAHON, TERRENCE G

SIGNATURE

DATE COMPLETED TIME

12-AUG-2014 18:41:49

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

1